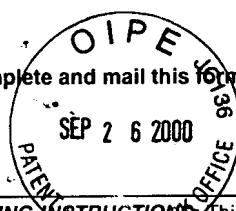


## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with appropriate fees, to: Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231



B 8

**MAILING INSTRUCTIONS** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

QM12/0725

SCHWEGMAN LUNDBERG WOESSNER  
AND KLUTH  
P O BOX 2938  
MINNEAPOLIS MN 55402

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

CHARLES A. LEMAIRE  
REGISTRATION #36,198

(Depositor's name)

*Charles A. Lemaire* (Signature)  
22 September 2000 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/045,018	03/20/98	020	NATNITHITHADHA, N	3736 07/25/00
First Named Applicant	CHESNEY, CHARLES F.			

TITLE OF INVENTION SENSOR AND METHOD FOR SENSING ARTERIAL PULSE PRESSURE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 120.010US1	600-586.000	P72	UTILITY	YES	\$605.00	10/25/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Schwegman, Lundberg,*

2 *Woessner & Kluth, P.A.*

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Hypertension Diagnostics, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Eagan, Minnesota

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date) 22 Sept 2000

22 Sept 2000

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